

TELEPHONE (312) 258-5500

**SCHIFF HARDIN LLP**

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 32173



RE APPLICATION OF:

Jessica Malmberg

SERIAL NO.:

09/919,105

EXAMINER: Dennis G. Bonshock

FILED:

July 31, 2001

CONFIRMATION NO.: 3462

TITLE: "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE"

**AMENDMENT UNDER 37 C.F.R. § 1.116**

**MAIL STOP APPEAL BRIEF PATENTS**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	16*	MINUS	20	X	( ) X 9.00 ( ) X 18.00	
INDEP. CLAIMS	1*	MINUS	3	X	( ) X 43.00 ( ) X 86.00	
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$145.00 ( ) \$290.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated \_\_\_\_\_ for \_\_\_\_\_ months so that the period for response is extended to \_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ is attached.

☐ A check for \$\_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$\_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on **June 1, 2005**.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

June 1, 2005

DATE



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**AMENDMENT UNDER 37 C.F.R. § 1.116**

APPLICANT:	Jessica Malmborg	CONFIRMATION NO. 3462
SERIAL NO.:	09/919,105	GROUP ART UNIT: 2173
FILED:	July 31, 2001	EXAMINER: Dennis Bonshock
TITLE:	"USER INTERFACE FOR A MEDICAL DISPLAY DEVICE"	

**MAIL STOP AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

S I R:

Applicant herewith amends the above-referenced application as follows.